



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2006

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

30847/2048-004

Application Number

10/829,674-Conf. #6838

Filed

April 22, 2004

For SUSCEPTIBILITY GENE FOR MYOCARDIAL INFARCTION AND STROKE

Art Unit

1634

Examiner

J. A. Goldberg

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|--------|------------------|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ 1,050.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 48,484☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 _____

Signature

Sharon M. Sintich

Typed or printed name

October 16, 2007

Date

(312) 474-6300

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

10/19/2007 TNGUYEN2 00000052 132855 10829674

02 FC:1253 1050.00 DA

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MP-RCE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 16, 2007

Signature: _____

(Sharon M. Sintich)